09 Early years practice procedures

**09.8 Prime times – Intimate care and nappy changing**

Prime times of the day make the very best of routine opportunities to promote ‘tuning-in’ to the child emotionally and to create opportunities for learning. Nappy changing times are key times in the day for being close and promoting security as well as for communication, exploration and learning.

**Young children, intimate care and toileting**

* Children are usually changed within sight or hearing of other staff whilst maintaining their dignity and privacy at all times. Where the layout of the setting makes this difficult to achieve, the setting manager completes a risk assessment.
* Members of staff put on aprons before changing starts and the area is prepared, gloves are always worn for soiled nappies.
* All members of staff are familiar with the hygiene procedures and carry these out when changing nappies.
* Children from two years may be put into ‘pull ups’ as soon as they are comfortable with this and if parents agree.
* Changing areas are warm, appropriately sited and there are safe areas to lay young children if they need to have their bottoms cleaned.
* If children refuse to lie down for nappy change, they can be changed whilst standing up, providing it is still possible to clean them effectively.
* Each child has his/her own bag with their nappies/pull ups and changing wipes.
* Staff member ensures that nappy changing is relaxed and a time to promote independence in young children.
* Young children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet. They are encouraged to wash their hands and have soap and paper towels to hand.
* Staff members are gentle when changing and avoid pulling faces and making negative comment about the nappy contents.
* Wipes are used to clean the child. Where cultural practices involve children being washed and dried with towels, staff aim to make reasonable adjustments to achieve the desired results in consultation with the child’s parents. Where this is not possible it is explained to parents the reasons why. The use of wipes achieves the same outcome whilst reducing the risk of cross infection from items such as towels that are not ‘single use’ or disposable.
* Staff member do not make inappropriate comments about young children’s genitals when changing their nappies..
* Older children use the toilet when needed and are encouraged to be independent.
* Parents are encouraged to provide enough changes of clothes for ‘accidents when children are potty training.
* If spare clothes are kept by the setting, they are ‘gender neutral’ i.e. neutral colours, and are clean and in good condition.
* If young children are left in wet or soiled nappies/pull-ups in the setting, this may constitute neglect and will be a disciplinary matter.

**Nappy changing records.**

* Member of staff records when they changed the child and whether child passed a stool.
* Very soft, watery stools are signs of diarrhoea; strict hygiene needs to be carried out in cleaning the changing area to prevent spread of infection. The parent should be called to inform them, and that if any further symptoms occur they may be required to collect their child.
* Sometimes child may have a sore bottom. This may have happened at home as a result of poor care; or the baby may have eaten something that, when passed, created some soreness. The baby also may be allergic to a product being used. This must be noted and discussed with the parent and a plan devised and agreed to help heal the soreness. This may include use of nappy cream or leaving the baby without a nappy in some circumstances. If a medicated nappy cream such as Sudocrem is used, this must be recorded as per procedure :Administration of medicine.

Nappy changing is always done in an appropriate/designated area. Children are not changed in play areas or next to snack tables. If there are limitations for nappy change areas due to the lay-out of the room or space available this is discussed with the setting manager’s line manager so that an appropriate site can be agreed that maintains the dignity of the child and good hygiene practice.